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CONFIRMATION NO. 6592

<b>SERIAL NUMBER</b> 09/961,086	<b>FILING OR 371(c) DATE</b> 09/21/2001 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1642	<b>ATTORNEY DOCKET NO.</b> 70089.0009USD1
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/245,808 02/05/1999 PAT 6,313,277 which claims benefit of 60/073,763 02/05/1998

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

11/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 25	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 3
35- USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>				

## ADDRESS

23552

## TITLE

BREAST CANCER RESISTANCE PROTEIN (BCRP) AND THE DNA WHICH ENCODE IT

<b>FILING FEE RECEIVED</b> 997	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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